PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K89034

1. Corporation Name
LYON REALTY, INC.

REINSTATEMENT 98-99

100002785771--2

-02/24/99--01070--028

Principal Place of Business / Mailing Address
1717 NORTH BAY SHORE DRIVE #3244
MIAMI, FL 33132

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1717 NORTH BAY SHORE DR	POBox 0171
Suite, Apt. #, etc: 3244	Suite, Apt. #, etc:
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33132 Country: DADE	Zip: 33132 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/89

5. FEI Number: ****3083.75 ****3083.75 Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C.E.O	WESSON ALVES de MARTINS e PINHEIRO	1717 NORTH BAY SHORE DRIVE #3244	MIAMI, FLORIDA 33132
CHAIRMAN	" "	" "	" "
PRESIDENT	" "	" "	" "
VICE-PRES	" "	" "	" "
SECT	" "	" "	" "
TREAS	" "	" "	" "

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BRIGGS, NANCY K. 3700 BATTERSEA ROAD MIAMI, FLORIDA 33133	Name: WESSON ALVES de MARTINS e PINHEIRO Street Address (P.O. Box Number is Not Acceptable): 1717 NORTH BAY SHORE DRIVE # Suite, Apt. #, Etc: 3244 City: MIAMI State: FL Zip Code: 33132

CR2E040 (1/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 2/17/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ WESSON ALVES de MARTINS e PINHEIRO 2/17/99 305-358-5033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #